

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010861

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1062

Registrar's No. 1212

FILED MAR 19 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF James Q. Chambers Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 51 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS 7104 COLLEGE (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNA Middle BATAVIA Last CORWIN		4. DATE OF DEATH Month FEBRUARY Day 27, Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1892
9. AGE (last birthday) 69 years		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL CLERK		10b. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE	
11. BIRTHPLACE (City and state or country) CASS COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE McGLATHERY		13b. MOTHER'S MAIDEN NAME EMMA RAVENSCRAFT	
14. NAME OF HUSBAND OR WIFE ELBERT CORWIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Elbert Corwin, 7104 College, K.C.Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy - left middle cerebral artery. DUE TO (b) Essential arterial hypertension - mod-severe DUE TO (c) Arteriosclerosis - generalized		INTERVAL BETWEEN ONSET AND DEATH 3 days 30 yrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Aug. 1949 to Feb. 27, '62 and last saw her alive on Feb 26, 1962 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James Q. Chambers Jr. M.D.		22b. ADDRESS 4620 Nichols Parkway	
22c. DATE SIGNED 2/28/62		22d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	
23a. BURIAL, CREMATION, or OTHER (Specify) BURIAL	23b. DATE 3-1-1962	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
23d. FUNERAL DIRECTOR MUEHLERACH FUNERAL HOME, 6800 TROOST AVE.		23e. DATE RECD. BY LOCAL REG. 3-1-62	
23f. REGISTRAR'S SIGNATURE Ruth Long		23g. REGISTRAR'S SIGNATURE	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. J. Q. Chambers, Jr., M.D.  
4620 Nichols Parkway  
ME 1-1850

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Alfred H. Hammons, Student Embalmer No. 646

working under my personal supervision.

Student Alfred H. Hammons  
Signature of Student Embalmer

Signed R. E. Phelps

Licensed Embalmer No. 4897

P. O. Address P. E. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.